

EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S NAME:		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE #
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE #
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE #
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE #
ADDRESS		
EMERGENCY CONTACT NAME		TELEPHONE NUMBER
PERSON(S) TO WHOM CHILD MAY BE RELEASED TO NAME	ADDRESS	TELEPHONE #
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE #
ADDRESS		
SPECIAL DISABILITIES INCLUDING ADHD OR BEHAVIOR CONDITIONS	ALLERGIES WRITE NONE IF NO ALLERGIES EXISTS:	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION/SPECIAL CONDITION	
ADDITIONAL INFORMATION ON SPECIAL NEED OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		ID NUMBER (REQUIRED)

PARENT'/GUARDIANS INITIALS ARE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF FIRST AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	